

DHS Expected Practices

Specialty: Gastroenterology

Subject: Criteria for Essential GI Services

Date: April 10, 2020

Purpose: To identify gastroenterology services which are considered essential.

Target Audience: Gastroenterology, primary care and urgent care providers.

Background:

The COVID-19 outbreak requires that patient contact be limited to only essential services. Non-essential services will be deferred until the outbreak has been contained. The need for deferring non-essential services for any given patient will be reassessed at periodic intervals as the outbreak evolves.

Expected Practice:

The definition of essential service is patients requiring care within two months. Patients requiring non-essential services will be rescheduled to approximately 2 months into the future. Services that may not need to be addressed endoscopically are also listed.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

EGD

ESSENTIAL	NON-ESSENTIAL
<ul style="list-style-type: none">• Recent history of upper GI bleeding with anemia (and endoscopy not done)• Radiologic finding consistent with malignancy• Refractory nausea and vomiting with evidence of volume depletion• Dilation for esophageal stricture with significant symptoms	<ul style="list-style-type: none">• Refractory dyspepsia or dyspepsia in a patient over 55 years old• Refractory GERD• Iron deficiency anemia• Refractory nausea and vomiting without evidence of volume depletion• Follow up banding of varices after GI bleeding (secondary prophylaxis)• Barrett's surveillance• Gastric ulcer follow-up• Variceal screening in asymptomatic cirrhotic patients• Pre-bariatric or anti-reflux surgery workup• Follow-up EGD for stricture for possible dilation in patients with no or minimal symptoms

CONSIDER NOT PERFORMING:

Hematemesis without anemia

Incidental radiologic finding

Banding for primary prophylaxis (can use propranolol instead)

COLONOSCOPY

ESSENTIAL	NON-ESSENTIAL
<ul style="list-style-type: none">• Recent lower GI bleeding with anemia (and endoscopy not done)• Radiologic finding consistent with malignancy• Removal of large pre-malignant polyps• Symptomatic diarrhea in a patient with a diagnosis of IBD	<ul style="list-style-type: none">• FIT+• Hematochezia without anemia• History of colon cancer / polyps• Surveillance in UC or Crohn's colitis patients• Family history of colorectal cancer• Follow up of diverticulitis• Pre-transplant screening colonoscopy• Unexplained diarrhea• Iron deficiency anemia

CONSIDER NOT PERFORMING:

Incidental radiologic finding

Abdominal pain

Constipation

PEG/PEJ PLACEMENT

All outpatient studies are considered non-essential.

PEG/PEJ REPLACEMENT**ESSENTIAL**

G-tube causing significant symptoms requiring removal or replacement

CAPSULE ENDOSCOPY

ESSENTIAL	NON-ESSENTIAL
<ul style="list-style-type: none">• Overt GI bleeding of unknown origin	<ul style="list-style-type: none">• Iron deficiency anemia with negative EGD/colonoscopy

MANOMETRY/MOTILITY/pH STUDIES

All studies are considered non-essential.

ERCP

ESSENTIAL	NON-ESSENTIAL
<ul style="list-style-type: none">• Cholangitis• Biliary obstruction• Biliary pancreatitis with remaining bile duct stones	<ul style="list-style-type: none">• Removal or replacement of stent without jaundice, abnormal liver tests or symptoms

ENDOSCOPIC ULTRASOUND (EUS) +/- FNA

ESSENTIAL	NON-ESSENTIAL
<ul style="list-style-type: none">• Pancreatic mass• Staging of GI tumors after CT• FNA of lymph nodes adjacent to GI tract• Infected pancreas/pseudocyst drainage• Possible liver metastases not reachable by IR	<ul style="list-style-type: none">• Submucosal tumors• Asymptomatic pancreas cysts

When to eConsult:

Any provider requiring GI specialty care for his or her patient should submit an eConsult. PCPs should not delay submission of an eConsult because of the outbreak. However those patients not requiring care within 2 months may not be seen until after the outbreak has been contained.